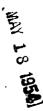
to . 300	<b>å</b>		THE DIVISION OF HE STANDARD CERTIF			10100						
0.48	FILED APR	Fik No. 13138										
	BIRTH NO.	~ ~ 1953	REG. DIST. NO.	PRIMARY REG. DIST. I	10. 3000 Regist	rar's No. 137						
12	1. PLACE OF DEA	TH		2. USUAL RESIDE	NCE (Where deceased liv	ed. If institution; residence before						
1/2	Ad	lair	· · · · · · · · · · · · · · · · · · ·	a. SIAIE Miss	a. STATE Missouri b. COUNTY Sh							
0	b. CITY (If outside cor OR		URAL and give c. LENGTH OF township) STAY (in this place	OR STATE OF THE PARTY OF THE PA								
9	TOWN Kirk		Mo.   3 Wks	10WN Shelb	oina, Missou	iti /020						
RECORD		K.O.H. H	stitution, give street address or location) OSPITAL	d. STREET ADDRESS No 1	(Marinal, give location) orth Center S	St. /						
22	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	. 4. DATE	(Month) (Day) (Year)						
ţ	(Type or Print)	Edward	F	Steffan	OF DEATH	4-11-1953						
A PERMANENT	1 <i>1)</i> 1	color or race hite	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Bredity) WICOWEY	8. DATE OF BIRTH 9-12-1868	9. AGE (In year last birthday)	Months Days Hours Min.						
	10a. USUAL OCCUPATION done during most of working	N (Give kind of work	106. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State of	r foreign equatry)	12. CITIZEN OF WHAT						
	Farmer	g ure, even ir recired)	Retired	Lewis Cou	inty, Misson							
	13a. FATHER'S NAME		136. MOTHER'S MAIDEN		14. NAME OF HUSBAND							
e e	Frederick		Caroline	ox	Deceased							
INKMAKE	(Yes, no, or unknown) (II )	RINU, S. ARMED F real give war or dates o	ORCES? 16. SOCIAL SECURITY NO.	Fred Steffa	SIGNATURE OR NA	ME ADDRESS A, Missouri						
	18. CAUSE OF DEATH	None		ERTIFICATION	tii COTUMDIA	I INTERVAL BETWEEN						
	Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD!	NDITION GO TO DEATH*(a)	exia.	···	ONSET AND DEATH						
CK	*This does not mean	ANTECEDENT CAL	101	to ++ 1	P							
BLA(	the mode of dying, such as heart failure, asthenia,	Morbid conditions, rise to the above car	If any, giving DUE TO (b)	manue (	avenon	L						
l H	etc. It means the dis-	the underlying caus	e last.  DUE TO (c)	reigna of	Dans. 1							
NG			CANT CONDITIONS									
UNFADING		Conditions contributelated to the disease	iting to the death but not e or condition causing death.	•	151							
1F.A	19a. DATE OF OPERA-		INGS OF OPERATION			20. AUTOPSY1						
S I	8-12, 9-12-52	Infeltrate	is munique (	vecioma of s	tomach	YES NO X						
USING	21a. ACCÎDENT (I SUICIDE HOMICIDE	Specify) 21	I.P. PLACE OF INJURY (e.g., in or about name, farm, factory, street, office bidg., etc.)	21c. (CITY, TOWN, OR TO	OWNSHIP) (COL	UNTY) (STATE)						
sn-	21d. TIME (Month) OF INJURY	(Day) (Year) (H	21e. INJURY OCCURRED WHILE AT WORK AT WORK	21f. HOW DID INJURY O	CCUR7							
Z,	22. I hereby certify that I attended the deceased from 3->3-53, 19, to 4-1/-53, 19, that I last saw the deceased											
PLAINLY	alive on 4-11-51, 19, and that death occurred at 3:530 m., from the causes and on the date stated above.											
FI I	234. SIGNATURE	<i>a</i> ·	(Degree or title)	23b. ADDRESS	an selly again	23c. DATE SIGNED						
	Westa	luan	so so V	100 W. /2	fferan	1 4-20-53						
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Specity)	24b. DATE	24c. NAME OF CEMETER		d. LOCATION (Oity, town	, or county) (State)						
<b>F</b>	Burial	4-14-19	* * * * * * * * * * * * * * * * * * *	.0.0.F. IS	<u>helbina, Mo</u>							
l <del>i</del>	DATE REC'D BY LOCAL	REGISTRAR'S SK	SNATURE 1 + 1-0	25, FUNERAL DIRECTO		ADDRESS						
<u>II</u>	7-21-53	· now	varingar.	Barkelew & tetement on Reverse Side)	: Hawkins Sh	nelbina, Mo						
			(Trickinged Cimpeninel, 9 2	mission on Reverse Side)		•						



## STATEMENT BY LICENSED EMBALMER

I hereb	y certify	that the	body w	hose nam	e is recor	ded o	n the revers	e side	of this	s certificate	was	embalmed	by me,	Or	by
 •••••••		·				•••••	·····		*******	,					

working under my personal supervision.

P. O. Address.

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above: